

# CalWORKs NOTICE OF CHANGE

DATE: \_\_\_\_\_

TO: EW/GSW/RITE: \_\_\_\_\_

DISTRICT/REGION: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

FROM: EW/GSW/RITE: \_\_\_\_\_

DISTRICT/REGION: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_

CASE NAME: (If different) \_\_\_\_\_

SSN: \_\_\_\_\_

CASE NUMBER/PID: \_\_\_\_\_

## EMPLOYMENT

PERM

TEMP

FULL-TIME

PART-TIME

SELF-EMPLOYED  
(PA167)

START DATE: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

SALARY/HOURLY WAGE: \_\_\_\_\_

HRS/WEEK: \_\_\_\_\_

ATTACH DOCUMENTATION

NO LONGER EMPLOYED

## SPECIALIZED SUPPORTIVE SERVICES

Domestic Violence

Mental Health

Substance Abuse

Family Preservation

EFFECTIVE DATE: \_\_\_\_\_

## SUPPORTIVE SERVICES

CHILD CARE EFFECTIVE DATE: \_\_\_\_\_

TRANSPORTATION

ANCILLARIES

ACTION TAKEN: \_\_\_\_\_

## WAGE-BASED COMMUNITY SERVICE

Employment Start Date \_\_\_\_\_

Employment End Date \_\_\_\_\_

Monthly Wages \$ \_\_\_\_\_

Expected Date Of 1<sup>st</sup> Paycheck \_\_\_\_\_

## CASE STATUS

SANCTION (participant request to cure)

SANCTION/COMPLIANCE should be evaluated

TERMINATION

REASON: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

EXEMPTION

REASON: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

OTHER: \_\_\_\_\_

(PLEASE USE COMMENT SECTION)

ADD NEWBORN, CHILD (FOSTER), SPOUSE OR  
OTHER : \_\_\_\_\_

DELETE FAMILY MEMBER

IN SCHOOL: \_\_\_\_\_

HS DIPLOMA/GED DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHANGE OF ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**ACTION TAKEN: EW/GSW** (INDICATE THE "ACTION TAKEN" AND DATE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COMMENTS

\_\_\_\_\_  
\_\_\_\_\_